

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/589244</b>		FILING DATE					
						APPLICANT(S)							
<b>CLAIMS</b>													
	<b>AS FILED</b>		<b>AFTER 1<sup>st</sup> AMENDMENT</b>		<b>AFTER 2<sup>nd</sup> AMENDMENT</b>			<b>AS FILED</b>		<b>AFTER 1<sup>st</sup> AMENDMENT</b>		<b>AFTER 2<sup>nd</sup> AMENDMENT</b>	
	<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>		<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>
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49								99					
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TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					

PTO - 1360 (REV. 11/04)

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